



012410110000

D-2441**2001****Credit for Child and Dependent Care Expenses****GOVERNMENT OF THE DISTRICT OF COLUMBIA****OFFICE OF TAX AND REVENUE**

(Attach to Form D-40)

Name(s) as shown on Form D-40

Your Social Security Number

— —

USE D-2441 ONLY IF YOU WERE A PART-YEAR RESIDENT of the District of Columbia filing a part-year return on D.C. Form D-40 and eligible for and claiming this credit on your Federal return. (Other D.C. residents eligible for and claiming this credit on their Federal returns should claim it on D.C. Form D-40 and ***not*** on D.C. Form D-2441). Please compute your Federal tax credit first.

1. Enter the name, social security number and relationship of each qualifying individual for whom expenses were claimed on your Federal Form 2441 and the period (in months and days) each lived in your household as a qualifying individual during the year.

(d) Period lived in your household

| (a) Name | (b) Social Security Number | (c) Relationship | Months | Days |
|----------|----------------------------|------------------|--------|------|
| | — — | | | |
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| | — — | | | |

2. List names, addresses and identifying numbers of and amounts paid to person(s) or organization(s) who provided care during the entire tax year.

| (a) Name and Address | (b) Social Security No. or Fed. Employer Identification No. | (c) Relationship (if any) | (d) Period Incurred | | (e) Amount(s) Paid DOLLARS ONLY |
|----------------------|---|------------------------------|---------------------|-----------------|---------------------------------------|
| | | | From Month/Day | To Month/Day | |
| 2(a) | | | | | \$ |
| | | | | | |
| 2(b) | | | | | |
| | | | | | |
| 2(c) | | | | | |
| | | | | | |

If space is needed for additional names, addresses, etc., please follow this format, use other side and check this box ☐.

2(d) Total annual employment-related dependent care expenses - those amounts paid so that you could work or look for work. Add Lines 2(a) through 2(c), plus any amount from the other side and enter total here

\$

3. Employment-related dependent care expenses incurred and paid **during period of residence in D.C.**

(Enter period you were a resident of D.C.: From month/day_____ to month/day_____)

4. Divide Line 3 by Line 2(d). Enter the percentage here

%

5. Multiply your 2001 Federal dependent care credit amount_____ by 32%, enter the result here

6. **Credit.** Multiply the total on Line 5 by the percentage on Line 4, enter result here and on Line 25 of Form D-40

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